07/14/2010 11:08

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## FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than A	n Authorized Comm	ittee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA		ing, type		
NEXION HEALTH FUND F	OR QUALITY LONG TE	RM CARE INC			
		1   1   1   1			
ADDRESS (number and street)	228 S WASHINGTO	ON STREET SUITE 115			
Check if different than previously reported. (ACC)	ALEXANDRIA			LVA L	22314
2. FEC IDENTIFICATION NU	MBER ¥	CITY 🛕		STATEA	ZIPCODE 🛕
C00434233		3. IS THIS REPORT	NEW (N) OR	AMEND (A)	DED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report( X July 15 Quarterly Report( October 15 Quarterly Report( January 31 Quarterly Report( July 31 Mid-Year Report(Non-electi Year Only) (MY)  Termination Report(TER)	Q2) (c) 12-Day PRE-Elec Report for Q3) YE)  (d) 30-Day Post -Ele Report for	Election on General (	n (12C)	Aug 20 (N Sep 20 (N Oct 20 (M General (12G) Special (12S)	Year Only)  Dec 20 (M12 (Non-Election Year Only)
5. Covering Period 0	01 20	1 0 throug	h 0.6	30 20	10
I certify that I have examined this Type or Print Name of Treasurer		f my knowledge and belief i	t is true, correct	and complete.	
Signature of Treasurer Electr	ronically Filed by Franci	is P. Kirley		Date 07	14 2010
NOTE : Submission of false, err	oneous, or incomplete info	ormation may subject the p	erson signing th	is Report to the pena	alties of 2 U.S.C 437g.
Office Use				F	EC FORM 3X (Rev. 12/2004)

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 17

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC D D <sup>®</sup>D 0 4 0 1 2010 0.6 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 42294.96 January 1 (b) Cash on Hand at 54922.61 Begining of Reporting Period ..... 11508.69 29136.34 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 66431.30 71431.30 6(a) and 6(c) for Column B) ..... 20400.00 25400.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 46031.30 46031.30 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Report Covering the Period:

From:

0 4 D D D 1

2010

Γο:

м м 0 6 <sup>D</sup> 30

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8274.83	21573.39
	(ii) Unitemized	3233.86	7562.95
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	11508.69	29136.34
(1	b) Political Party Committees	0.00	0.00
•	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11508.69	29136.34
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	11508.69	29136.34
	otal Federal Receipts subtract Line 18(c) from Line 19)	11508.69	29136.34

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	20400.00	25400.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
. Loan Repayments Made	0.00	0.00
'. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	2.22	2.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20400.00	25400.00
25, 21, 25, 25, 27, 25(4), 25 414 66(6))		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	00400 00	05400.00
from Line 31)	20400.00	25400.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	11508.69	29136.34
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11508.69	29136.34
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAL	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	LONG I		
۱.	Hollie Adams  Mailing Address 2759 CR 1490			Date of Receipt  0 6 3 0 2 0 1 0
	City Center	State TX	Zip Code 75935	Transaction ID: SA11AI.5051  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		215.46
	Name of Employer Nexion Health	Occupatio Administ		payroll deduction \$ 30.78 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 570.14	
- 3.	Full Name (Last, First, Middle Initial) Brad Barnes Mailing Address 2615 Falcon Knoll	1		Date of Receipt
		Olate	7'- 0-4-	06 30 2010
	City Katv	State TX	Zip Code 77494	Transaction ID: SA11AI.5050  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77.0	340.31
	Name of Employer Nexion Health	Occupatio Administ		payroll deduction \$ 56.78 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 674.39	
. –	Full Name (Last, First, Middle Initial) Bretton J. Bolt			Date of Receipt
	Mailing Address 1704 Lake Forest Ro	ad		06 30 7 9 9 9
	City <u>Finksburg</u>	State MD	Zip Code 21048	Transaction ID: SA11AI.5053  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		354.00
	Name of Employer Nexion Health	Occupatio EVP & C		payroll deduction \$ 59 bi- weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3108.00	
	SUBTOTAL of Receipts This Page (optional)	1		909.77

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALIT	e name and addr	ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
∠_ <b>A</b> .	Full Name (Last, First, Middle Initial) Ruth Brown Mailing Address P.O. Box 16			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5069
	Bogata	TX	75417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.62
	Name of Employer Nexion Health	1	re administrator	payroll deduction \$ 29.60 bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 653.62	
— В.	Full Name (Last, First, Middle Initial) Sherri Clark	•		Date of Receipt
	Mailing Address P.O. Box 933			0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5054
	Quitman	TX	75783	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		306.47 payroll deduction \$ 50.91
	Name of Employer Nexion Health	Occupation RDO		bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 722.99	
— C.	Full Name (Last, First, Middle Initial) James N. Davidson			Date of Receipt
	Mailing Address 820 Longleaf Street			0 6 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Vidor	State TX	Zip Code 77662	Transaction ID: SA11AI.5049  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nexion Health	Occupation Administra	ator-Village Creek Rehab. C	tr
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	960.09

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such I or for commercial purposes, other to NAME OF COMMITTEE (In Fundamental NEXION HEALTH FUND F	han using the name and ad	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Debbie Goswick Mailing Address P.O. Box 9  City Huntsville  FEC ID number of contributing federal political committee.  Name of Employer Nexion Huntsville  Receipt For: Primary General Other (specify)	State TX  C  Occupati Adminis		Date of Receipt    M M M
Full Name (Last, First, Middle In Alan L. Graham  Mailing Address 182 Westrick  City  Huntsville  FEC ID number of contributing federal political committee.	,	Zip Code 77340	Date of Receipt  O 6 30 2010  Transaction ID: SA11AI.5048  Amount of Each Receipt this Period  500.00
Name of Employer Nexion Health  Receipt For:  Primary General  Other (specify) ▼	Occupati Adminis Aggrega		
City  McKinney  FEC ID number of contributing	le Ridge Drive  State TX	Zip Code 75070	Date of Receipt    M M
Receipt For:  Primary  Other (specify)   General	Occupati Adminis Aggrega		
SUBTOTAL of Receipts This Page	e (optional)		1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NEXION HEALTH FUND FOR QUAL	ITY LONG TE	ERM CARE INC	
۷.	Full Name (Last, First, Middle Initial) Merrilee F. Hawk			Date of Receipt
	Mailing Address 5728 Pebble Ridge D	rive		0 6 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5052
	McKinney	TX	75070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		276.12
	Name of Employer Nexion Health	Occupation Administ		payroll deduction \$ 46.02 bi-weekly
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 996.29	
	Full Name (Last, First, Middle Initial) Janice R. Hill			Date of Receipt
	Mailing Address 205 Rocky Mound Dri	ive		06 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.5055
	Lafayette	LA	70506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		128.45 payroll deduction \$ 20.37
	Name of Employer Nexion Health	Occupation RFS Sou	n th Louisiana	bi-weekly
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 256.27	
	Full Name (Last, First, Middle Initial) Denise Honnoll			Date of Receipt
	Mailing Address 14971 SH 154E			06 30 2010
	City Diana	State	Zip Code	Transaction ID: SA11AI.5056
	FEC ID number of contributing federal political committee.	C	75640	Amount of Each Receipt this Period  208.08
	Name of Employer Nexion Health	Occupation Regional	n Clinical Specialist	payroll deduction \$ 34.68 bi-weekly
	Receipt For:  Primary General Other (specify) ▼	<del>, '                                   </del>	Year-to-Date ▼ 474.66	
	UBTOTAL of Receipts This Page (optional) .	1		612.65

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAL	Statements may not be sold or used by any persename and address of any political committee	
Full Name (Last, First, Middle Initial)  Marguerite P. Jenkins  Mailing Address 118 2nd Avenue  City  Reistertown  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 21136  C  Occupation Controller  Aggregate Year-to-Date   420.36	Date of Receipt    M   M   D   D   D   2 0 1 0
Full Name (Last, First, Middle Initial) Paula F. Lowrie Mailing Address 1017 Misty Way  City Garland  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Code TX 75040  C  Occupation RFS East Texas  Aggregate Year-to-Date  244.81	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Tod P. Mahoney Mailing Address 1019 Brook Arbor Dri City Mansfield FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Code TX 76063  C  Occupation Administrator  Aggregate Year-to-Date ▼  400.00	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		691.30

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Coe opparate soriedate(s)		
4	any information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUALI	ITY LONG T	ERM CARE INC		
K	Full Name (Last, First, Middle Initial) Tod P. Mahoney			Date of Receipt	
	Mailing Address 1019 Brook Arbor Driv	ve		05 11 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5003	
	Mansfield	TX	76063	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Nexion Health	Occupation Administration		7	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00		
_	Full Name (Last, First, Middle Initial) Tod P. Mahoney			Date of Receipt	
	Mailing Address 1019 Brook Arbor Driv	ve		05 21 2010	
	City	State	Zip Code	Transaction ID: SA11AI.5029	
	Mansfield	TX	76063	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1038.00	
	Name of Employer Nexion Health	Occupatio Administ		7	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1638.00		
	Full Name (Last, First, Middle Initial) Laura Lassie McDowell-Pappas			Date of Receipt	
	Mailing Address 18716 Falls Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.5058	
	Hampstead	MD	21074	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		183.48	
	Name of Employer Nexion Health, Inc.	Occupation Director,	n Purchasing & Finance	payroll deduction \$ 30.58 bi-weekly	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.62		

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUAL	ne name and address of any	y political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Cindi M. Phillips  Mailing Address 1253 CR 480  City Mt. Pleasant  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Co TX 75458  C  Occupation Regional Clinical S Aggregate Year-to-Da	Specialist	Date of Receipt  M M M J D D J Z D 1 D  Transaction ID: SA11AI.5059  Amount of Each Receipt this Period  124.80  payroll deduction \$ 20.80 bi-weekly
Full Name (Last, First, Middle Initial) Shari Richey Mailing Address 1600 1/2 Webb Stree  City Henderson  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State Zip Co TX 75654  C  Occupation Administrator  Aggregate Year-to-Da	4	Date of Receipt  M M M J D D J 2 0 1 0  Transaction ID: SA11AI.5071  Amount of Each Receipt this Period  175.00  payroll deduction \$ 25 bi-weekly
Full Name (Last, First, Middle Initial)  Meera Riner  Mailing Address 513 Hillside Drive  City  Auburndale  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For:  Primary  General  Other (specify)	State Zip Co FL 33823  C Occupation Vice-President for Aggregate Year-to-Da	Operations	Date of Receipt  M M M O B O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)			1005.94

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/1/ (check only one)     X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QU	JALITY LONG TI	ERM CARE INC	
Full Name (Last, First, Middle Initial) Candice M. Rogers			Date of Receipt
Mailing Address 15433 Green Trail	s Boulevard		M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City Baton Rouge	State LA	Zip Code 70817	Transaction ID: SA11AI.4978  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		395.00
Name of Employer Nexion Gonzales	Occupation Administ		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 895.00	
Full Name (Last, First, Middle Initial) Geoffrey Siddon	<b> </b>		Date of Receipt
Mailing Address 435 Sugar Plum S	treet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State LA	Zip Code	Transaction ID: SA11AI.5015
Houma  FEC ID number of contributing federal political committee.	C	70364	Amount of Each Receipt this Period 500.00
Name of Employer Nexion Thibodaux	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	- + +	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jennifer L. Swim			Date of Receipt
Mailing Address 6354 Chickamaug	a Trail		M M / D D / Y Y Y Y Y Y O D D / 2010
City Shreveport	State LA	Zip Code 71107	Transaction ID: SA11AI.5016  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	71107	220.00
Name of Employer Nexion Vivian	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 415.00	
SUBTOTAL of Receipts This Page (option	ial)		1115.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 17 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUA	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer Nexion Vivian  Receipt For: Primary General Other (specify)	State LA  C  Occupatio Administ		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5
Full Name (Last, First, Middle Initial) Jennifer L. Swim Mailing Address 6354 Chickamauga  City Shreveport  FEC ID number of contributing federal political committee.  Name of Employer Nexion Vivian  Receipt For: Primary General Other (specify)	State LA  C  Occupatio Administ		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Penny Walker Mailing Address 107 East Ross  City Waxahachie  FEC ID number of contributing federal political committee.  Name of Employer Nexion Health  Receipt For: Primary General Other (specify)	State TX  C  Occupatio Dietician  Aggregate		Date of Receipt  M M / D D / Y Y Y Y  O 6 3 0 2 0 1 0  Transaction ID: SA11AI.5064  Amount of Each Receipt this Period  183.60  payroll deduction \$ 30.60 bi-weekly
SUBTOTAL of Receipts This Page (optional	l)		358.60
TOTAL This Period (last page this line numl	ber only)		8274.83

Transaction ID: SB23.4966 Date of Disbursement Contribution Candidate Name MiCHAEL I F BENNET  Office Sought: House MiCHAEL I Fund Candidate Name MiCHAEL I Fund State: CO District: Office Sought: State: CO District: Detailed Summary Page  of or each category of the Detailed Summary Page  21b 227 28a 28b 28c 29 27 28a 28b 28c 29 29 29 28 28c 29 29 28 28b 28c 29 29 28 28b 28c 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial) BENNET FOR COLORADO  Mailing Address 2300 15TH STREET SUITE 425  City State Zip Code DENVER CO 80202 Purpose of Disbursement Contribution Candidate Name (NCHAEL F BENNET)  City State Zip Code CT 06410 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER MURPHY  City State Zip Code CT 06410 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER MURPHY  Office Sought: House State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name CHRISTOPHER MURPHY  Office Sought: Yereident State: CT District: 05  Full Name (Last, First, Middle Initial) Condidate Name Disbursement Contribution Candidate Name Disbursem	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 2
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TEMIZED DISBURSEMENTS    Detailed Summary Page	SCHEDULE B (FEC I		se separate schedule	1/C) I	E NUMBER: PAGE 16/17
n for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial)  DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE  Mailing Address  430 South Capitol Street, SE 2nd Floor  City  State 2nd Floor  City  State 2nd Floor  Cardidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  EARL POMERCY FOR CONGRESS  Mailing Address  Post Office Box 9336  City Fargo  State  State  City State  President  State  Disbursement  Other (specify)  Transaction ID: SB23.4972  Date of Disbursement this Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement  Office Sought:  X House Senate President  Disbursement For: Senate President  Other (specify)  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4970  Date of Disbursement in Per  Category' Type  Transaction ID: SB23.4969  Date of Disbursement in Per  Category' Type  Office Sought:  X House Mill 48066  Purpose of Disbursement  Office Sought: X House Disbursement For: Office Sought: X House Disbursemen	FEMIZED DISBURSI	EMENTS for	r each category of the	e (check on 21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC  Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE  Mailing Address 430 South Capitol Street, SE 2nd Floor City State Zip Code Washington DC 20003 Purpose of Disbursement Contribution Gandidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Xip Code ND 58106 Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY Office Sought: X House Senate Primary X General President State: ND District: 0  Full Name (Last, First, Middle Initial) State: ND District: 0  Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City State Xip Code MI 48066 Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY Office Sought: X House President State: ND District: 00  Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City State Xip Code MI 48066 Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY Office Sought: X House Senate President ND State Xip Code MI 48066  Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY Office Sought: X House Senate President ND State Xip Code MI 48066  Purpose of Disbursement Contribution Candidate Name SANDER M LEVIN Office Sought: X House Senate President ND State Xip Code ND State Xip					
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE  Mailing Address  430 South Capitol Street, SE  2nd Floor  City  State Zip Code Washington  Purpose of Disbursement Contribution  Candidate Name  Office Sought: House Senate Primary General President  State: District:  Full Name (Last, First, Middle Initial) EARL POMEROY  Office Sought: X House Senate Primary General  Disbursement  Category' Type  Transaction ID: SB23,4970 Date of Disbursement  Category' Type  Transaction ID: SB23,4970 Date of Disbursement  Category' Type  Amount of Each Disbursement  Date of Disbursement  Category' Type  Transaction ID: SB23,4970 Date of Disbursement Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City Senate Primary General President  State: ND District:  Mailing Address PO Box 37  City Siate Zip Code Mil 48066  Discoville Mil 48066  Transaction ID: SB23,4969 Date of Disbursement Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City Siate Zip Code Mil 48066  Transaction ID: SB23,4969 Date of Disbursement Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City Siate Zip Code Mil 48066  Transaction ID: SB23,4969 Date of Disbursement Initial) LEVIN FOR CONGRESS  Mailing Address PO Box 37  City Siate Zip Code Mil 48066  Amount of Each Disbursement Initial Amount of Each Disbursement Initial Category' Type  Transaction ID: SB23,4969 Date of Disbursement Initial Category' Type  Transaction ID: SB23,4969 Date of Disbursement Initial Category' Type  Transaction ID: SB23,4969 Date of Disbursement Initial Category' Type  Transaction ID: SB23,4970  Amount of Each Disbursement Initial Category' Type  Transaction ID: SB23,4970  Amount of Each Disbursement Initial Category' Type  Transaction ID: SB23,4970  Amount of Each Disbursement Initial Category' Type  Transaction ID: SB23,4970  Amount of Each Disbursement Initial Category' Type  Tr	NAME OF COMMITTEE (In I	Full)			
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Senate President State: District:  Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS  Mailing Address Post Office Box 9336  City State Zip Code Fargo ND 58106  Purpose of Disbursement Contribution Candidate Name EARL R. POMEROY  Office Sought: X House Primary General Other (specify) ▼  City Senate Primary General Other (specify) ▼  Amount of Each Disbursement this Per 1000.00  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Type  Category/Type  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Type  Category/Type  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Type  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Type  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Type  Transaction ID: SB23.4970 Date of Disbursement this Per 2010 Transaction ID: SB23.4970 Date of Disbursement Type  Tran	Candidate Name				
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SUBTOTAL of Disbursements This Page (optional)	•	4400.00
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